



# **Arizona Access to Recovery Changing How Open Independence Can Ensure Success (CHOICES) Program**

Freedom From Drugs Through Freedom of Choice

## **Coconino County DUI/Drug Court Access to Recovery**

### **Clinical Treatment Provider & Recovery Support Services Enrollment Application**

1. I declare the statements in this application to be correct to the best of my knowledge.

2. I am authorized to sign this application on behalf of the named applicant.

Signature: \_\_\_\_\_ Title \_\_\_\_\_

(Stamped signature is not acceptable)

Printed Name: \_\_\_\_\_

Date \_\_\_\_\_

**Coconino County DUI/Drug Court  
Access to Recovery (ATR)  
Clinical Treatment and Recovery Support Services Provider  
Enrollment Application**

To participate as a Coconino County DUI/Drug Court Access to Recovery Clinical Treatment Service (CTS) or Recovery Support Services (RSS) provider, each applicant must complete a provider application.

**General Applicant Information (SECTIONS A – H)**

- All applicable questions should be answered. If an item is not applicable, write N/A.
- The application should be signed and dated by an authorized individual, (i.e. Executive Director, Manager) on behalf of the agency or organization.

**Information System Requirements:** Providers are required to use IBM compatible computers for data input (no Apple or Macintosh products). The ATR program requires all providers to utilize an Internet accessible Voucher Management System (VMS) for tracking services and creating service invoices for payment. The ATR program will provide training for usage of the VMS to all providers delivering services. The minimum computer workstation requirements are: Windows XP Pro workstation; 450 mhz or higher computer processor; 256 mb or higher memory capacity; Internet Explorer 6.0 or higher browser version; current virus protection; any Internet Service Provider compatible with connection.

**Insurance Requirements:** See Attachment A for insurance provisions. Insurance questions and/or clarifications should be directed to Scott Richardson, [srichardson@coconino.az.gov](mailto:srichardson@coconino.az.gov)

Submit application and supporting documents to:

**Sixto Valdivia**  
**Coconino County Access to Recovery Case Manager**  
**200 N. San Francisco Street**  
**Flagstaff, AZ 86001-4629**  
**Phone: 928-679-7553**  
**Email: [svaldivia@courts.az.gov](mailto:svaldivia@courts.az.gov)**

# General Applicant Information

## Section A – Administrative Information

1. Applicant Name (agency, business, organization, or individual)

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2. Name of Legal Signatory (i.e., Executive Director, CEO, etc.)

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3. Physical Address (street, city, state, zip code)

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4. Mailing Address (if different)

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5. Federal Tax I.D. (agency/organization)/SSN (sole proprietor)\_\_\_\_\_

6. Telephone Number \_\_\_\_\_

7. Fax Number \_\_\_\_\_

8. Email \_\_\_\_\_

9. First point of contact information (name of the person that a potential client who is seeking ATR services would contact first):

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Name

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Phone Number e-mail address

10. Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Not-for-Profit Organization | <input type="checkbox"/> For-Profit Organization |
| <input type="checkbox"/> Sole Proprietor             | <input type="checkbox"/> State Agency            |
| <input type="checkbox"/> Federal Agency              | <input type="checkbox"/> Tribal Organization     |
| <input type="checkbox"/> Tribal Program              | <input type="checkbox"/> Community Organization  |
| <input type="checkbox"/> Faith-Based*                | <input type="checkbox"/> Recovery Community      |
| <input type="checkbox"/> Other: Describe: _____      |  |

\* If faith-based, please answer the following:

Check one of the following definitions that best fits your organization:

- ☐ A religious congregation (church, mosque, synagogue, or temple); or
- ☐ An organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated); or
- ☐ A non-profit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously motivated institution; or
- ☐ A collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.

## Section B – Fiscal Information

Who to contact for fiscal information and financial reports (if different from above):

1. Contact Name and Title

\_\_\_\_\_

2. Mailing Address

\_\_\_\_\_

3. Telephone Number \_\_\_\_\_

4. Fax Number \_\_\_\_\_

5. Email \_\_\_\_\_

## Section C – Voucher Transactions

Who to contact for voucher transaction questions or billing for services (if different from Section B):

1. Contact Name and Title

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2. Mailing Address

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3. Telephone Number \_\_\_\_\_

4. Fax Number \_\_\_\_\_

5. Email \_\_\_\_\_

## Section D – Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## Section E – Program/Department and Staff Information

Provide information for each program/department(s) that will provide service(s)

1. Program/Department Name \_\_\_\_\_

2. Contact Name and Title \_\_\_\_\_

3. Program Admission Contact Name \_\_\_\_\_

4. Physical Address (street, city, state, zip code)

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5. Mailing Address (if different)

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6. Telephone Number \_\_\_\_\_

7. Fax Number \_\_\_\_\_

8. Email \_\_\_\_\_

9. How many direct service staff will be providing services? \_\_\_\_\_

10. What is the average client-to-staff ratio? \_\_\_\_\_

11. Approximately how many ATR clients can the program serve? \_\_\_\_\_

12. What is the language fluency of direct service staff?

\_\_\_\_\_

13. Describe the minimum qualifications, experience, and/or training required of direct service staff:

14. Describe any specialty services that the program provides:

15. Identify the gender(s) and ages of clients your program/department serves:

**Gender:** \_\_\_ Male \_\_\_ Female \_\_\_ Transgender

Age range \_\_\_\_\_

Hours of Operation and Physical Address for Client Services:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Other locations:

Address:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Address:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Section F – Program/Department Services

Identify the service(s) your organization intends to provide (check all that apply).

The descriptions below are only illustrative therefore; if you have other services not described below please include them in your proposal. Attach copies of curricula, programs, scope of services, and explanation of any service your agency can provide. In your proposal please include the fee per unit for the service. Please define unit measure (i.e. hour, month, day, session, mile, etc...)

CLINICAL TREATMENT SERVICES	Offered (Y/N)
Description	
<b>Screening/Assessment:</b> Completed by a licensed professional. Provide the type of widely accepted psychometric assessment utilized to determine the level of care needed by the client. Assessment implementation shall comply with industry standards.	
<b>Brief Intervention:</b> Encompasses the specific treatment strategies, therapies, or techniques that are used to treat one or more disorders; must be an effective technique used to help individuals abstain or reduce their use of alcohol and/or drugs.	
<b>Treatment Planning:</b> Outlines the description of the specific behavioral health services that an agency documents in the client record. Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious chronic medical conditions. All treatment plans shall be updated as necessary and, at a minimum, every 90 days.	
<b>Detoxification/Medical Care:</b> Behavioral health services and medical services provided to reduce or eliminate a client's dependence on, or to provide treatment for, signs attributed to alcohol or other drugs provided at a Level 1 psychiatric acute hospital or a Level 1 sub-acute agency (AZ Administrative Code, Title 9, Chapter 20, R9-20-101). Medical detoxification used to safely manage the acute physical symptoms of withdrawal associated with stopping drug use.	
<b>Individual Counseling:</b> The therapeutic interaction between a client and a professional or behavioral health technician intended to improve, eliminate, or manage one or more health issues (AZ Administrative Code, Title 9, Chapter 20, R9-20-101).	

Coconino County  
Access to Recovery

<b><u>Intensive Outpatient Treatment Services (IOP):</u></b> Consists of a minimum of six hours per week and a maximum of nine hours per week of intensive outpatient group therapy sessions. Curriculum shall be evidence-based utilizing cognitive-based therapy and best practices principles. Client attends, as directed, individual counseling sessions. Make-up sessions and/or two treatment sessions in one day are not permissible.	
<b><u>Intensive Outpatient Treatment Services (IOP) for DUI/Drug Court:</u></b> One year Intensive Outpatient Treatment (4 phases). Phase I= 3 sessions per week, 3 hours per session (36 sessions) 3 months minimum. Phase II= 2 sessions per week, 3 hours per session (24 sessions) 3 months minimum. Phase III=1 session per week, 3 hours per session (12 sessions) 3 months minimum. Phase IV=1 session per week, 2 hours per session (12 sessions) 3 months minimum.	
<b><u>Standard Outpatient Treatment Services (SOP):</u></b> SOP shall consist of a minimum of two hours per week and a maximum of five hours per week of standard outpatient group therapy sessions. Curriculum shall be evidence-based utilizing cognitive-based therapy. Client attends as directed: individual counseling sessions. Make-up sessions and/or two treatment sessions in one day are not permissible. Client must attend a minimum of 2-5 hours per week.	
<b><u>Relapse Prevention:</u></b> Service for probationers in a non-residential setting that facilitates maintaining abstinence as well as provides help for probationers who experience relapse.	
<b><u>Substance Abuse Education (SAE)/Cognitive Skills:</u></b> Must be provided by staff that use cognitive behavioral techniques to educate participants on substance abuse prevention and intervention.	
<b><u>Residential Treatment:</u></b> Accepted treatment or counseling modalities for alcohol and other drug disorders that follow evidence-based practices where the client resides at the facility.	
<b><u>Pharmacological Interventions/Psychiatric Evaluations/Medication Monitoring:</u></b> Diagnostic assessment and/or consultation to determine behavioral/mental health problems. May recommend intervention, treatment or review and adjustment of psychotropic medications. Evaluation services shall be provided by a physician (M.D. or D.O.) who meets the state licensure requirements in accordance with Article 2, et seq., or Title 32 Chapter 17, Article 2, et seq. Arizona Revised Statutes, Title 32, Chapter 13. Client sessions shall be documented in the VMS.	
<b><u>Psychological Evaluation:</u></b> Provides for specific assessment and/or consultation to determine and address behavioral health problems and may recommend or advise certain treatment interventions. Consultation may consist of providing assistance in planning, developing and implementing programs or treatment plans as well as staff consultation and/or training. Psychologists shall be licensed by the Board of Psychologists Examiners under Arizona Revised Statutes, Title 32, Chapter 19, Articles 2 & 3. All testing must be performed through standardized and non-abbreviated psychometric assessments unless abbreviated assessments are clinically appropriate. All diagnostic statements shall conform to current DSM- IV terminology.	
<b><u>Co-occurring Treatment Services:</u></b> Treatment of individuals experiencing co-occurring substance use (abuse or dependence) and mental disorders. Clients said to have co-occurring disorders have one or more mental disorders as well as one or more disorders relating to the use of alcohol and/or other drugs. An integrated treatment approach is suggested whereby treatment interventions for co-occurring disorders are combined within the context of a primary treatment relationship or service setting. It recognizes the need for a unified treatment approach to meet the substance abuse, mental health, and related needs of a client and is the preferred model of treatment.	
<b><u>Family/Marital Counseling:</u></b> Services that engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse on the relationship within the family system.	
<b><u>Dental:</u></b> Provide dental care services to patients suffering from tooth decay and oral health issues related to drug abuse.	
<b><u>Additional Services:</u></b> On request but approval to perform additional services under ATR is not guaranteed	



RECOVERY SUPPORT SERVICES	Offered (Y/N)
Description	
<b>Transportation:</b> (to and from treatment, RSS activities, employment, etc.): Commuting services are provided to clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of obtaining transportation. Forms of transportation may include public transportation or a licensed and insured driver who is affiliated with an eligible provider.	
<b>Childcare:</b> Care and supervision provided to a client's child, less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support services. These services must be provided in a manner that complies with State law regarding childcare facilities.	
<b>Peer-to-Peer Services, Mentoring, Coaching:</b> Mutual assistance in promoting recovery may be offered by other persons who have experienced similar substance abuse challenges. These services focus more on wellness than illness. Mentoring and coaching may include assistance from a professional who provides the client counsel and/or spiritual support, friendship, reinforcement, and constructive example. Mentoring also includes peer mentoring which refers to services that support recovery and are designed and delivered by peers----people who have experience with addiction recovery. Recovery support is included here as an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment, improved functioning or recovery	
<b>Spiritual/Pastoral and Faith-Based Support Education:</b> These services assist an individual or group to develop spiritually. Activities might include, but are not limited to, establishing or re-establishing a relationship with a higher power, acquiring skills needed to cope with life-changing incidents, adopting positive values or principles, identifying a sense of purpose and mission for one's life, and achieving serenity and peace of mind. Faith-based services include those provided to clients using spiritual resources designed to help persons in recovery to integrate better their faith and recovery. Such services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in finding spirituality. Services include, but are not limited to, social support and community-engagement services, and faith or spirituality services to assist clients with drawing on the resources of their faith traditions and community to support their recovery; mentoring and role modeling; and pastoral or spiritual counseling and guidance.	
<b>Life Skills:</b> Specific instruction to clients so that specific skill sets may be improved or developed. Daily living skills. Stress management skills.	
<b>Employment Services and Job Training:</b> These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, résumé writing, interviewing skills, and tips for retaining a job. Other services include skills training, technical skills, vocational assessment, and job referral to assist individuals to prepare for, find, and obtain competitive employment.	
<b>Family/Marriage Education Services:</b> Engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse on the relationship within the family system.	
<b>Indigenous Healing:</b> Address emotional and/or behavioral issues which impact functional ability. Services are provided by qualified and recognized traditional tribal healers.	
<b>Housing Assistance and Services:</b> Transitional housing, recovery living centers or homes, supported independent living, sober housing, short-term and emergency or temporary housing, and housing assistance or management. These services provide a safe, clean, and sober environment for adults with substance use disorders. Lengths of stay may vary depending on the form of housing. This assistance also includes helping families with locating and securing affordable and safe housing, as needed. Assistance may include accessing a housing referral service, relocation, tenant/landlord counseling, repair mediation, and other identified housing needs.	
<b>Education Services:</b> Include, but not limited to, GED preparation; instruction and support activities to prepare individuals to pass the high school equivalency examination (GED); adult basic education services; basic reading, writing and/or arithmetic skills to individuals performing at or below appropriate grade level. Tutoring services.	

<b><u>Alcohol/Drug Testing:</u></b> Monitoring drug use through urinalysis or other objective methods as part of treatment or criminal justice supervision, providing a basis for assessing and providing feedback on the participant's treatment progress.	
<b><u>Family Support Services:</u></b> Involves face-to-face interaction with family member(s) and is directed toward restoration, enhancement or maintenance of the family function to improve the family's ability to effectively interact and to care for the youth in the home and community. The service may involve support activities such as assisting the family in developing skills to effectively interact and manage the youth, understand the causes and treatment of behavioral health issues, understand and utilize the system, and plan long term for the client and the family.	
<b><u>Employment Services:</u></b> Provides job placement for individuals who may not otherwise be employed in other traditional settings. The provider must complete an employability assessment and individual service and job development plan with participants. This service may include short-term job training, job coaching and mobility training. The provider must have in-person contact with participants not to exceed twice weekly.	
<b><u>Individual Services or Case Management Services</u></b>	
<b><u>HIV/AIDS Services</u></b>	
<b><u>Traditional Healing Services</u></b>	
<b><u>Group/Peer Support Services/Self-Help Groups</u></b>	
<b><u>Indigenous Language Recovery/Expression and Storytelling/ Cultural Teaching</u></b>	
<b><u>Alcohol and Drug Free Social Activities or Physical Fitness and Well-being Activities</u></b>	
<b><u>Nutritional Education</u></b>	
<b><u>Information and Referral Services</u></b>	
<b><u>Additional Services:</u></b> May request additions to the above approved services but approval to perform additional services under the ATR is not guaranteed.	

## Section G– Program/Department License

Provide licensing information, if applicable, for each program/department:

Licensing Agency Name	Program/Department Name	Type of License	License Number	Effective Dates

## Section H- Submittal Requirements

CHECKLIST FOR ATR APPLICATION – Recovery Support Services	
<input type="checkbox"/>	<b>Completed Application/Completed Checklist</b>
<input type="checkbox"/>	In addition to the documentation below, submit this checklist along with the completed application. Indicate that you have included the documentation by placing an “X” in the box to the left of the bolded description. If you will not be submitting any documents, place an “NA” in the box to the left of the bolded description. Do not leave any items on the checklist or questions on the application blank. <b>Only completed applications will be reviewed.</b>
<input type="checkbox"/>	<b>Proposal for the services being offered with fee schedule included</b>
<input type="checkbox"/>	<b>Accreditation, Licensure (If Applicable)</b>
<input type="checkbox"/>	Copy of license(s).
<input type="checkbox"/>	<b>List of Individuals Providing Clinical Treatment Services</b>
<input type="checkbox"/>	Provide information for each staff person who will provide services. A copy of each individual's license, certification, or registration (if applicable)
<input type="checkbox"/>	<b>Insurance Certificates</b>
<input type="checkbox"/>	Provide a copy of the agency's general, auto, professional, and worker's compensation certificates of insurance. See attachment A for insurance provisions.
<input type="checkbox"/>	<b>IRS Form W9</b>
<input type="checkbox"/>	Completed and signed W9 form containing TIN for agencies or Social Security # for sole proprietors.

This project is funded under the Access to Recovery Initiative Grant, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

## ATTACHMENT A

### ARIZONA ACCESS TO RECOVERY CHOICES PROGRAM CLINICAL TREATMENT APPLICATION

#### 1. INSURANCE REQUIREMENTS

The subcontractor shall procure and maintain, until all of their obligations have been discharged including any warranty periods under this Subcontract, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by Subcontractor, its agents, representatives, or employees.

The insurance requirements herein are minimum requirements for this Subcontract and in no way limit the indemnity covenants contained in this Subcontract. Neither Contractor nor the State of Arizona warrant that the minimum limits contained herein are sufficient to protect the Subcontractor from liabilities that might arise out of the performance of the work under this Subcontract by the Subcontractor, its agents, representatives, or employees, and Subcontractor is free to purchase additional insurance.

#### A. MINIMUM SCOPE AND LIMITS OF INSURANCE

Subcontractor shall provide coverage with limits of liability not less than those stated below. Within ten (10) business days following notification of award, certificates of insurance must be submitted to Contractor clearly stating the applicable Subcontract number, effective date(s) of coverage, and limits of liability required pursuant to this Subcontract.

##### 1. Commercial General Liability – Occurrence Form

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

- |  |             |
|--|-------------|
| ▪ General Aggregate                                | \$2,000,000 |
| ▪ Products – Completed Operations Aggregate        | \$1,000,000 |
| ▪ Personal and Advertising Injury                  | \$1,000,000 |
| ▪ Blanket Contractual Liability – Written and Oral | \$1,000,000 |
| ▪ Fire Legal Liability                             | \$ 50,000   |
| ▪ Each Occurrence                                  | \$1,000,000 |
- a. The policy shall be endorsed to include the following additional insured language: “Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and their officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Subcontractor.”
- b. Policy shall contain a waiver of subrogation against the Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and their officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Subcontractor.

## **2. Automobile Liability**

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Subcontract.

- Combined Single Limit (CSL) \$1,000,000

The policy shall be endorsed to include the following additional insured language: "Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Subcontractor, involving automobiles owned, leased, hired or borrowed by the Subcontractor".

## **3. Worker's Compensation and Employers' Liability**

- Workers' Compensation
- Statutory Employers' Liability
  - Each Accident \$ 500,000
  - Disease – Each Employee \$ 500,000
  - Disease – Policy Limit \$1,000,000

- a. Policy shall contain a waiver of subrogation against the Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and their officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Subcontractor.
- b. This requirement shall not apply to: Separately, EACH Subcontractor exempt under A.R.S. §23-901, AND when such Subcontractor executes the appropriate waiver (Sole Proprietor/Independent Subcontractor) form.

## **4. Professional Liability (Errors and Omissions Liability)**

- Each Claim \$1,000,000
- Annual Aggregate \$2,000,000

- a. In the event that the professional liability insurance required by this Subcontract is written on a claims-made basis, Subcontractor warrants that any retroactive date under the policy shall precede the effective date of this Subcontract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Subcontract is completed.
- b. Policy shall contain a waiver of subrogation against the Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and their officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Subcontractor.

- c. The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this Subcontract.

## **B. ADDITIONAL INSURANCE REQUIREMENTS**

The policies shall include, or be endorsed to include, the following provisions:

1. For both the Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and their officers, officials, agents, and employees, wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Subcontractor, even if those limits of liability are in excess of those required by this Subcontract.
2. The Subcontractor's insurance coverage shall be primary insurance with respect to all other available sources.
3. Coverage provided by the Subcontractor shall not be limited to the liability assumed under the indemnification provisions of this Subcontract.

## **C. NOTICE OF CANCELLATION**

Each insurance policy required by the insurance provisions of this Subcontract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to Coconino County, Attn: Scott Richardson, 219 N. East Cherry, Flagstaff, AZ 86001 and shall be sent by certified mail, return receipt requested.

## **D. ACCEPTABILITY OF INSURERS**

Insurance is to be placed with duly licensed or approved non-admitted insurers in the State of Arizona with an "A.M. Best" rating of not less than A- VII. Contractor in no way warrants that the above-required minimum insurer rating is sufficient to protect the Subcontractor from potential insurer insolvency.

## **E. VERIFICATION OF COVERAGE**

Subcontractor shall furnish Contractor with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Subcontract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

Each insurance policy required by this Subcontract must be in effect at or prior to commencement of work under this Subcontract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Subcontract, or to provide evidence of renewal, is a material breach of this Subcontract.

All certificates required by this Subcontract shall be sent directly to Coconino County, Attn: Scott Richardson, 219 N. East Cherry, Flagstaff, AZ 86001. The Contract number shall be noted on the certificate of insurance. Contractor or the State of Arizona reserve the right to require complete, certified copies of all insurance policies required by this Subcontract at any time.

#### **H. EXCEPTIONS**

In the event Subcontractor is a public entity, then the above Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If Subcontractor is a State of Arizona agency, board, commission, or university, none of the above insurance provisions shall apply.